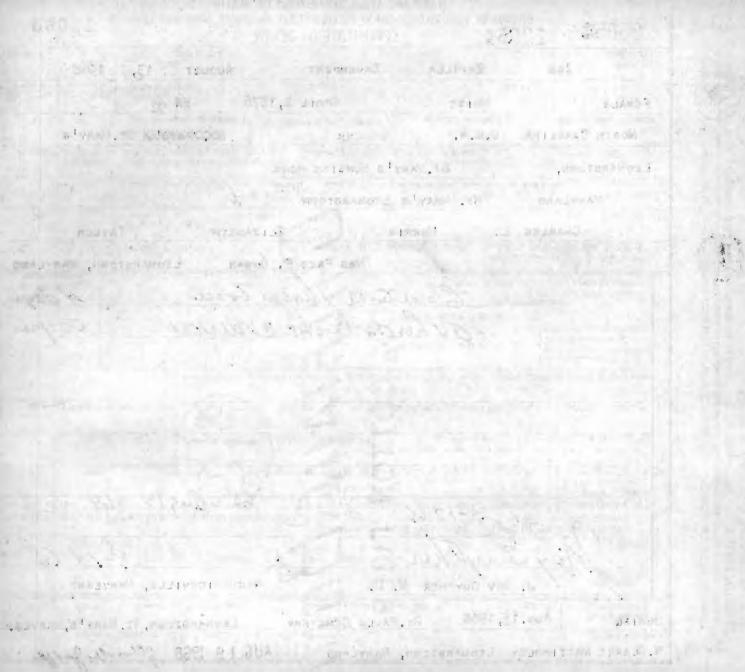
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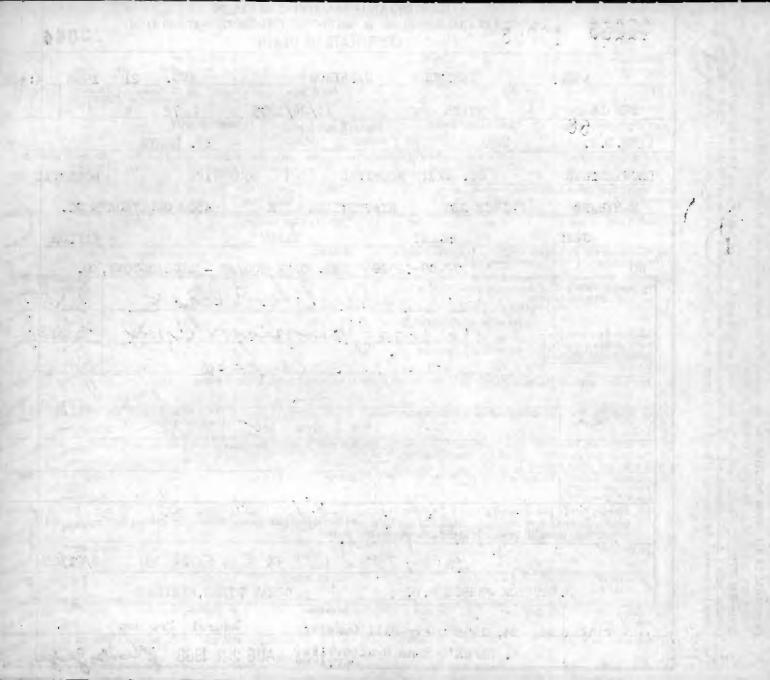
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MARYLAND STATE DEPARTMENT OF HEALTH 12064 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2n. DATE OF DEATH 2b. HOUR death. (Type or print) Month LEONA GERTRUDE GARRISON AUG. 1968 3. SEX 4. RACE The law requires that the death certificate be executed within 24 hours after 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. completely filled in by the face carban papers. Pages y event, within 72 hours after 10st birthday) MONTHS 11/26/1895 FEMALE WHITE 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED A NEVER MARRIED WASH.D.C. USA DIVORCED [WIDOWED ST. MARYS 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR ST. MARYS INDUSTRY during most of working life, even if retired.)
HOUSEWIFE have carbon LEONARDTOWN DOMESTIC 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LUMITS? HYAPPSVILLE 4308 OGLETHORPE ST 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Last JOHN RILEY FANNY TAYLOR 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, paper unknown) (If yes give war or dates of service) ar remayal, 577-09-3292B MRS. ELVA HOOPER - LEONARDTOWN.MD. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a); (b), and (c).) BETWEEN ONSET AND DEA PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial, crematian, DUE TO, OR ASTA CONSEQUENCE, OF Canditions, if ony, which gave burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING/TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20g. AUTOPSY? CAUSES OF DEATH? for use YES 🖂 NO F 3 shauld be detached for use with the State Dept. of Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Nat while at wark 15, 19 6 5, ta 22a. I certify that (1) (this-hospital) attended the deceased from.... 1965, and that in (my) (our) apinion death accurred on the date and hour and from the saw the deceased alive an___ 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR 8/21/68 DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) .PATRICK JARBOE M.D. GREAT MILLS, MARYLAND 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Laurel Pro Geo Md. Lyv Hill Cemetery Buria Aug 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL OIRECTOR 2Sa. REC'D BY REGISTRAR

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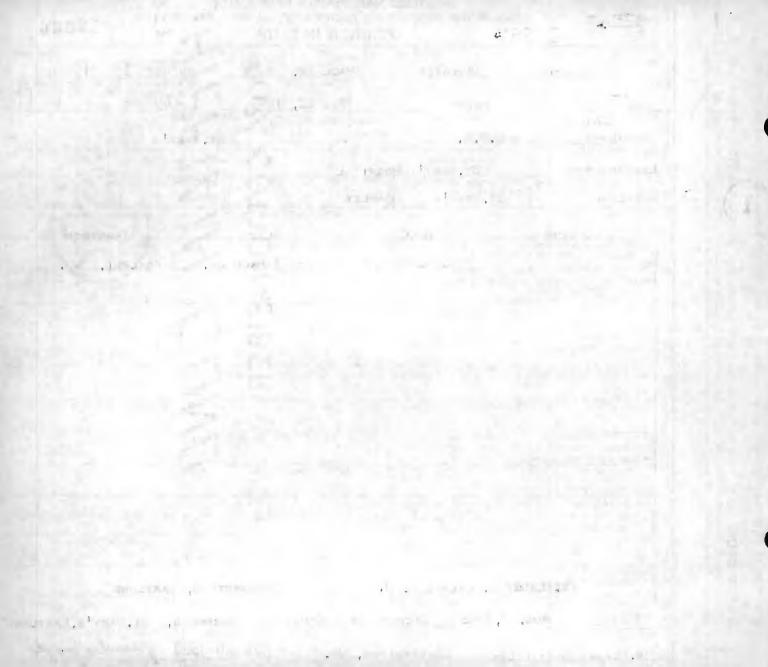
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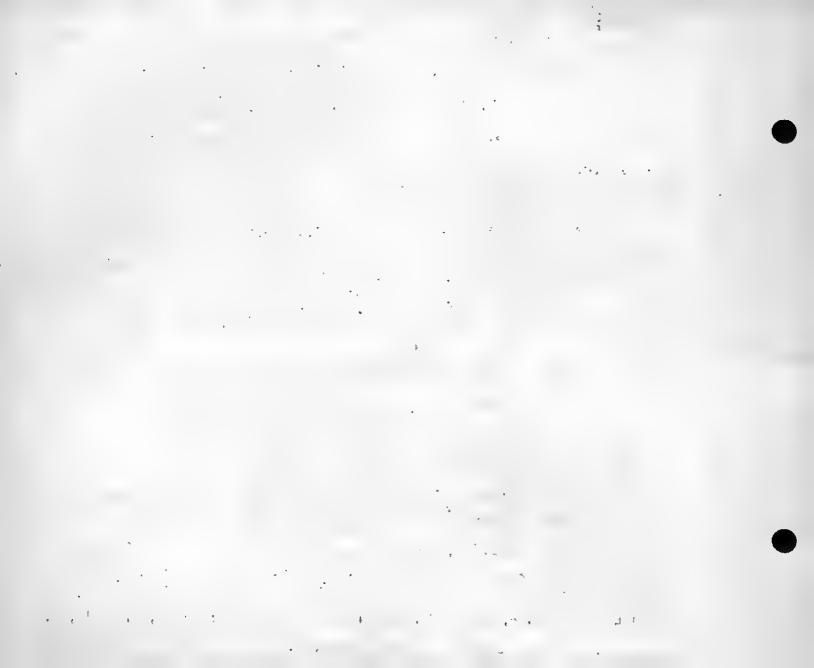
MARYLAND STATE DEPARTMENT OF HEALTH

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MAKTLAND STATE DEPARTMENT OF HEALTH



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		E OF IN.JRY (At home, farm, street , office building, etc.)	21f LOCATION Street ar R.F.D. No	City or Fown	County State							
EXA ute age yate Page , cre	AT WORK AT WORK											
CAL E executor. Pay for CTOR: burial,		charge of the remains described ob		spectron Inquiry I	_ , ,							
DIC 1356 - ecrto inecrine REC	death resulted from: N	Natural couses 🔃 Accident 🗌		Undetermined manner								
Ty please by please trained are retained the prior to be	ACTUAL	MAS Uns	CHIEF MEDICAL EXAMIN		SIGNED /							
any, nerg he be pri	SIGNATURE	1/10000	DEPUTY MEDICAL EXAM	/1	separt 23/68							
o DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health priar to burial, crem	NAME (Type) RX P.	J. BEAN M. D.	ADDRESS(Street, city, to		/							
10 Te #	23g BUR AL, CREMAT ON, 23b DAT	- 4 40		LOCATION (City or Town)	(Caunty) (State)							
J. J.			MEMORIAL	Suitland, Mary	rland							
VR ATSME (5)	W. Ernest Jarvis C	ADDRESS ADDRESS	Street, N. WAN SEP 1	3 1968 10lian	Man Condae							
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1	10	DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT OF 301 W. PRESTON STREET, BA CERTIFICATE OF DEATI	LTIMORE, MARYLAND 21201	10071
Ī.	DECEASED-NAME First	Middle ETH BESSIE LOUIS	Lost MCKAY	2a. DATE OF DEATH AUGUST Mants, Da	2b. HOUR 920PM
3.	FEMALE	4. RACE WHITE	s. date of birth	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
76	a. BIRTHPLACE (State or foreign auntry) MARYLAND	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDGWED DIVORCED	9. COUNTY OF DEATH ST. MARY 15	Md
	CITY OR TOWN OF DEATH	I I NAME OF HOSPITAL OR IN: give street address)	HOME 12a. U	SUAL OCCUPATION (Kind of work done most of working life, even if retired.)	126. KIND OF BUSINESS OR INDUSTRY
13	Ba USUAL RESIDENCE (Where deceased mission) STATE MARYLAND	ed lived, if institution: Residence before 13b COUNTY ST. MARY 15	VALLEY LEE 136. CITY OR TOWN YES YES	TY LIMITS? 13e. STREET AND NUMBER	
14	4. FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAM	E First Middle	Lost
	Lewis	BRISCOE STOP	IE M	ARY EMMA	HERBERT
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alo.	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (OR	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DITIONS CONTRIBUTING TO DEATH BUT N CONDITION FOR WHICH OPERATION WAS PE		OR CONDITION GIVEN IN PART I(0)	10 years
THE PERSON NAMED IN	190. DATE OF OPERATION 19b.		YES 🔲 NO	CAUSES OF DEATH?	
	While Mat while	HOUR A.M. Month Day Year ner) P.M. 1			County State
	22a. I certify that (1) (the saw the deceased a causes stated abave	ve an	ed from March 10, 1999, and that h (my) (our) bady after death.	apinian death accurred on the d	9 6> , that (I) (we) last ate and haur and from th
	22b. SIGNATURE 22d. PHYSICIAN S	Assantata	DEGREE ATTENDING PHYS 220 ADDRESS	DIRECTOR DISTAFF DI CO	DATE SIGNED
	NAME (Type) P.	J. BEAN M. D.		GREAT MILLS, MA	RYLAND
	30. BURIAL, CREMATION, 23b. BURIAL (Specify) AUC		CEMETERY OR CREMATORY EORGE CEMETERY 250 REC	23d. LOCATION (City or Town) VALLEY LEE, ST. N D BY REGISTRAR 25b REGISTRAR	
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	10		, 301 W. PRESTON STREET, BALTIN CERTIFICATE OF DEATH	IORE, MARYLAND 21201	12072
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er death funerol s 1 and ter death	3. SEX	IA KNOTT	PALMER S DATE OF BIRTH	AUGUST 21	IF UNDER FYEAR IF UNDER 24 HRS
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IYSI hosp cer che pt.	₹ 2 d INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FA		City or Town	County State
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TOR DE THE THE THE THE THE THE THE THE THE TH	226. SIGNATURE	MIN (BEG) (BROTTOT) VIEW (TIE	pody after death.	00.00	ATE CLASSES
Wijs S	220. SIGNATURE	7.	DEGREE PHYS MED	STAFF	ATE SIGNED.
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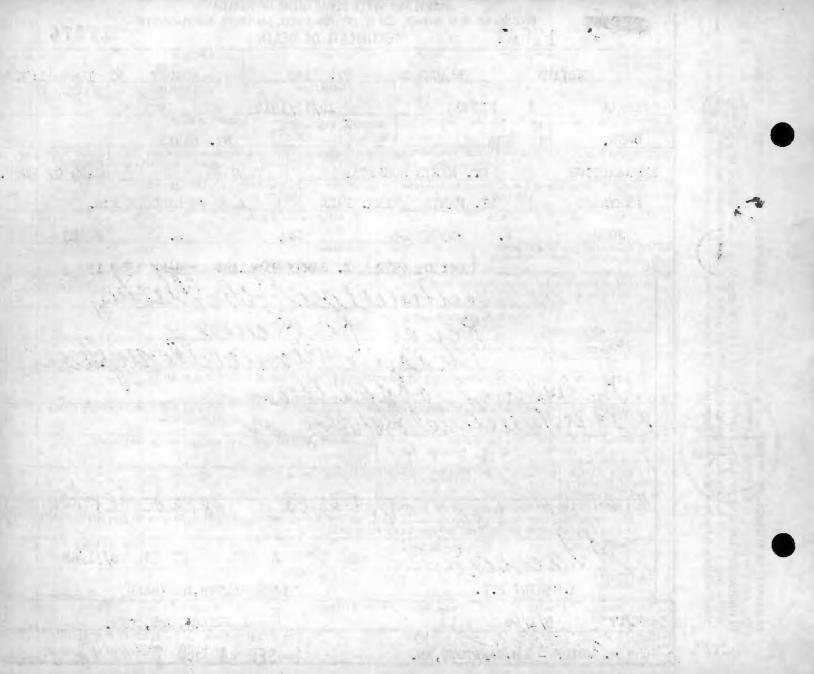
1	MARYLAND STATE DEPARTMENT OF HEALTH	
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TO DEPUTY DICA necessary, please es th≡ fuweral director. 5 may be retained TO FUNERAL DIRECTOR Health prior to bus	NAME (Type) WILLIAM D. BOYD M. D. ADDRESS(Street, city, town, or county)	
5 5 5 E	D. REMOVAL (Specify)	unty) (State)
	BUNIAL SPECIAL AUGUSTY, 1968 SOLOMONS METHODIST SOLOMONS CALVER	MARYLAND
VR A15ME (5)	HARKNESS FUNERAL HOME MUTUAL, CALVERT CO., Ma. DATE AUG 8 1968 Pellon	
10M REV 1/68	The state of the s	as Judge

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1			BIGUE	CER	W. PRESTON STREET, BA	H	1 770
‡.		ECEASED NAME First		Middle	Lost	20 DATE OF DEATH	2b. HOUR
	- (1	(ype or print) MARY	Lo	JISE	THOMAS	AUGUST Month 24, Day	1968 M
	3. SE	X	4 RACE		S. DATE OF BIRTH	6 AGF (In years	SF LINDER 1 YEAR IF LINDER 24 HRS. MONTHS DAYS NOURS MIN
		EMALE	Ne	aro	Aug. 3, 1887	last birthday) 81 YRS.	WONINZ ONLY WIN
	7o f	BIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT CO	DUNTRY? B. M	ARRIED XX NEVER MARRIED	9 COUNTY OF DEATH	
		MARYLAND	U.S.A.		DOWED DIVORCED	ST. MARY S	Md
0	10. C	ITY OR TOWN OF DEATH	11 NAME O	HOSPITAL OR INSTITUT	ION (If not in hospital 120 L	JSUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR INDUSTRY
	L	-EONARDTOWN,	dise zueen	ST.MAR	Y'S HOSPITAL	g most of working life, even if retired)	INDUSIKI
,		USUAL RESIDENCE (Where deceo	sed lived, if institution. R		CITY OR TOWN 13d INSIDE C		
		MARY LAI	sed lived, it institution. R 13b. COUNTY NO ST. 1	MARY'S LE	ONARDTOWN YES	NO.	
	14. E	FATHER'S NAME First	Middle	Last	IS. MOTHER'S MAIDEN NAM	AE First Middle	Lost
		GEORGE N	HRKKKK I	NELBON			MARSHALL
	lóa. Y	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b.	SOCIAL SECURITY NO.	17 INFORMANT	Address	
					LOUIS A. THOM	MAS LEONARDTOWN.	MARYLAND
		1B. CAUSE OF DEATH (Enter of	nly one couse per line for	(o), (b), and (cl.)	0 04	1.00	APPROXIMATE INTERVAL BETWEEN DISSET AND DEATH
		PART I. DEATH WAS CAUSI IMMEDI		Ger	ebras neu	rontiage.	10 ties
		4/24	DUE TO, OR AS A C	ONSEQUENCE OF	scup	,	
		Canditions, if any, which gave rise to immediate cause (a),	(b)	/	3000		
		stoting the underlying couse		ONSEQUENCE OF			
		lost.	(c)				
		PART 2 UTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	O DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE (OR CONDITION GIVEN IN PART 1(a)	
	NO.	, 19a, DATE OF OPERATION 19b.	CONDITION FOR WHICH OF	TO ATION WAS DEDUCATED	MED 20g AUTOPSY?	20b. IF YES, WERE FINDINGS C	ONCIDEDED IN SERVICE
Х	FGA	170. DAIL OF OFERALION 170.	CONDITION FOR WHICH OF	TRAILON MAS LEKLOKI		CAUSES OF DEATH?	ONSTOCKED IN CERTIFIED
1	CERTIFICATION	21a. ACCIDENT WAS UNDERLYI	NG 121b. TIME OF INJU	DY		Enter nature of injury in Part 1 or Part 2, I	Itam 181
		OR CONTR BUTING CAUSE OF DEA	TH HOUR A.M. Mo	nth Doy Yeor	ZIL HOW HISSKY OCCORNED (L	tinet norde at signly in runt 1 at runt 2, i	nen roj
	MEDICAL	(If either, natify medical exam 21d, IN, JRY OCCURRED 21e	PLACE OF INJURY (AT NO	ME. FARM. STREET, FACTORY, N	21f LOCATION Street at R.F.D	No. City or Town	County Stote
		While Nat while	OFFICE	BUILDING, ETC.	THE LOCATION SHEET WILL B	au. City of Iowil	Comy
		al wark all wark	us hasnital) attende	the deceased fr	om aug 23 11	968, to aug 24, 19	(68 , that (1) (we) last
		saw the deceased o	live on city	23 196	a, and that in (my) (aur)	apinian death accurred an the da	te and haur and from the
		causes stated abav	e, (I) (we) (did) (did	nat) view the bady	after death.		
		22b. SIGNATURE	5	tu ms	ATTENDING TO	MED. STAFF 22c	DATE SIGNED
		110	1 xuyo	ur, "	DEGREE PHYS	MED. STAFF DIRECTOR PHYS.	1/29/68
		22d PHYSICIANS NAME (Type)	1		22e. ADDRESS	oi occesi I i o	
						nicsville , Marylan	
	230	BURIAL, CREMATION, 23b.	DATE		IERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
		REMOVAL (Specify) BURIAL FUNERAL DIRECTOR	27,1968	ST.JOSE ADDRESS	PHS CEMETERY	MORGANZA ST. MA D BY REGISTRAR 256 REGISTRAR S	GENATURE MARYLAND
		V. CLARKE MATT			AZSO. KR	110 0 0 00-	SIGNATURE ()
	9	I WEARKE MATT	ING FY FO	IARDTOWN.	MAKA L'A MILL I DAIL	TVVV UUDD VIXA	44 () A

MAKTLAND STATE DEPAKTMENT OF HEALTH

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LEE CONTRACTOR OF THE PARTY OF The property and the second of . 12 1978 17 17 20.00 . It is senious, missist distribution of the property Selection of the American Committee of the Committee of t Chelifor Mostenning Pascition Street, +